

## **AGENCY PROVIDED MEDICAL CARE & OWCP**

*According to the Interagency Incident Business Handbook, Chapter 10, Section 15*

There are two distinct programs for compensation for injury/illness for federal employees. They are federal worker's compensation program and Agency Provided Medical Care (APMC) program.

Medical treatment for traumatic injury claims are most appropriately processed following the federal worker's compensation procedures, rather than APMC procedures. This will establish a record for the employee with OWCP and provides the greatest protection and timely service should further treatment be necessary upon return to the home unit.

Injured federal employees do not have a right to treatment under APMC as they do under FECA. It is the agency's choice whether or not to offer APMC. Per OWCP, the employee's use of APMC instead of FECA is voluntary. The COMP/INJR on the incident is responsible to counsel the employee on the difference between APMC and OWCP treatment and allow the employee to choose.

### **APMC**

Agency Provided Medical Care (APMC) is a program under which agencies pay for limited first aid costs for minor injuries or illnesses that involve only one treatment. The coverage is separate from the provisions of the Federal Employee's Compensation Act (FECA). APMC is not intended to pay for medical treatment beyond first aid and is not to interfere with employee's rights under FECA for treatment of work related injuries and illness.

The use of APMC is appropriate for injury/illness first aid cases involving only one APMC visit which occurs on the day of the injury/illness. One follow-up visit is permissible if it occurs during non-duty hours and the employee is agreeable to this. APMC can only be used while the employee remains at the site of the incident. Injury/illness cases treated under APMC cannot have lost time charged to sick leave, annual leave or Continuation of Pay (COP). If using APMC procedures, FS-6100-16, APMC Authorization and Medical Report will be completed. If a follow-up appointment, after duty hours if needed, another FS-6100-16 is issued.

Use of APMC for traumatic injuries must be limited to first aid type of treatment and may **not** include authorization for therapy, stitches, x-ray or other non-first aid treatments.

APMC may be used to authorize first aid treatment only for illnesses such as respiratory infections, colds, sore throats, and similar conditions associated with exposure to smoke, dust and weather conditions, etc. APMC is appropriate as an interim measure until the employee can arrange for private medical attention, at the individual's expense, or file a claim under FECA and await OWCP's approval to incur medical expenses.

APMC should not be authorized for non-work related injuries or illnesses. Do not authorize APMC for dental treatment, e.g., toothache due to cavity, where there is question whether it related to a work related injury. However, where it is deemed necessary by the incident agency, a payroll deduction is made to cover the cost.

Contract employees may not utilize APMC services. State authorities vary, check with the State's incident business coordinator.

## **FECA**

The Federal Employee's Compensation Act (FECA) provides compensation benefits to civilian employees of the United States for disability due to personal injury or disease sustained while in performance of duty. The Office of Worker's Compensation Programs (OWCP) administers the FECA. Included in coverage are those under a permanent, seasonal, temporary appointment or casual hire. All related medical care including first aid; physician services; surgery; hospitalization; drugs and medicine; orthopedic; prosthetic; and other appliances and supplies; are covered under FECA.

Generally, federal employees are covered under FECA while in travel status away from their home unit unless they are engaged in non-work related activities or deviate from the authorized course of travel for personal reasons.

OWCP has authorized agencies to issue CA-16, Request for Examination and/or Treatment, to medical facilities/providers authorizing medical treatment for work related traumatic injuries. This form can only be issued once by the agency and provides treatment up to 60 days, or until OWCP rules otherwise on the case.

OWCP rarely allows agencies to authorize medical treatment related to an occupational disease or illness. The employee is responsible for the cost of treatment and can file a claim (CA-2, Notice of Occupational Disease and Claim for Compensation) with OWCP for adjudication of the claim. A CA-1 or CA-16 should not be issued for occupational disease or illness. There is no entitlement to Continuation of Pay (COP) for an occupational disease or illness (CA-2).

If it is expected that treatment by a medical provider occurs after the date of injury, follow-up treatment is necessary after the individual is released from the incident and/or loss of time occurs the claim must be processed by FECA.

## **Form Distribution**

Federal agencies are required to submit workers' compensation claims documents to OWCP within 10 days of the date signed by the employee. In order for home units to comply, the COMP/INJR faxes and mails the original injury/illness forms, supporting documentation and medical treatment records to the individual's home unit compensation specialist within two days of receipt of the CA-1/CA-2. This allows the home unit to review the information, contact the incident if clarification is necessary, meet OWCP reporting requirements and ensure injured workers receive timely and quality service. A temporary copy may be retained by the Compensation/Claims Unit

Travel to and from a medical provider and/or time spent receiving medical treatment is compensable as work hours if it falls within the normal guaranteed work schedule (8, 9, 10 hours). FECA does not allow payment of overtime for either of these activities.